

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Permit #:	14-012
Date:	6-10-14
Amount Paid:	\$185
Refund:	6-2-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Bayfield County Zoning Dept.

JUN 02 2014

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:	Valerie Danton, Richard C. Adamski	Mailing Address:	W4407 Hofa Park Rd	City/State/Zip:	Seymour WI 54165	Telephone:	920-833-6704	
Address of Property:	xxx Mountain Ash Rd Extension	City/State/Zip:	Cornucopia WI 54827	Contractor Phone:	Plumber:	Cell Phone:	920-590-1511 (preferred)	
Contractor:		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	04-010-2-51-06-31-4 00-261-60000	Recorded Document: (i.e. Property Ownership)	Volume	1098	Page(s)	323
SE 1/4, SW 1/4	Gov't Lot	3	CSM	Vol & Page	Lot(s) No.	6	Block(s) No.	
hard to tell because of Lake								
Section	31	Township	51	N. Range	06	W.	Town of:	Beil

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes...continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes...continue →		Distance Structure is from Shoreline: 125 (from water) feet		

not mapped present.

Value at Time of Completion * include donated time & material	\$ 25,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
		<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
		<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
		<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
		<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	
		<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Compost Toilet INSIDE CABIN	

Existing Structure: (if permit being applied for is relevant to it)	Length: 24	Width: 12	Height: 15
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Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(12 x 24)	288
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	
	with Loft	()	
	with a Porch	()	
	with (2 nd) Porch	(24 x 6)	144
	with a Deck	(18 x 6)	108
	with (2 nd) Deck	()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	()	
	Mobile Home (manufactured date) _____	()	
	Addition/Alteration (specify) _____	()	
	Accessory Building (specify) _____	()	
	Accessory Building Addition/Alteration (specify) _____	()	
<input type="checkbox"/> Municipal Use			
Rec'd for Issuance	Special Use: (explain) _____	()	
	Conditional Use: (explain) _____	()	
	Other: (explain) Accessory Building	()	

JUN 10 2014

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I, the undersigned, hereby certify that the information provided on this application, including any accompanying information, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) may be a result of Bayfield County zoning on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property for any reasonable purpose for the purpose of inspection.

Owner(s): Valerie Danton, Richard C. Adamski Date 5/28/14

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date _____

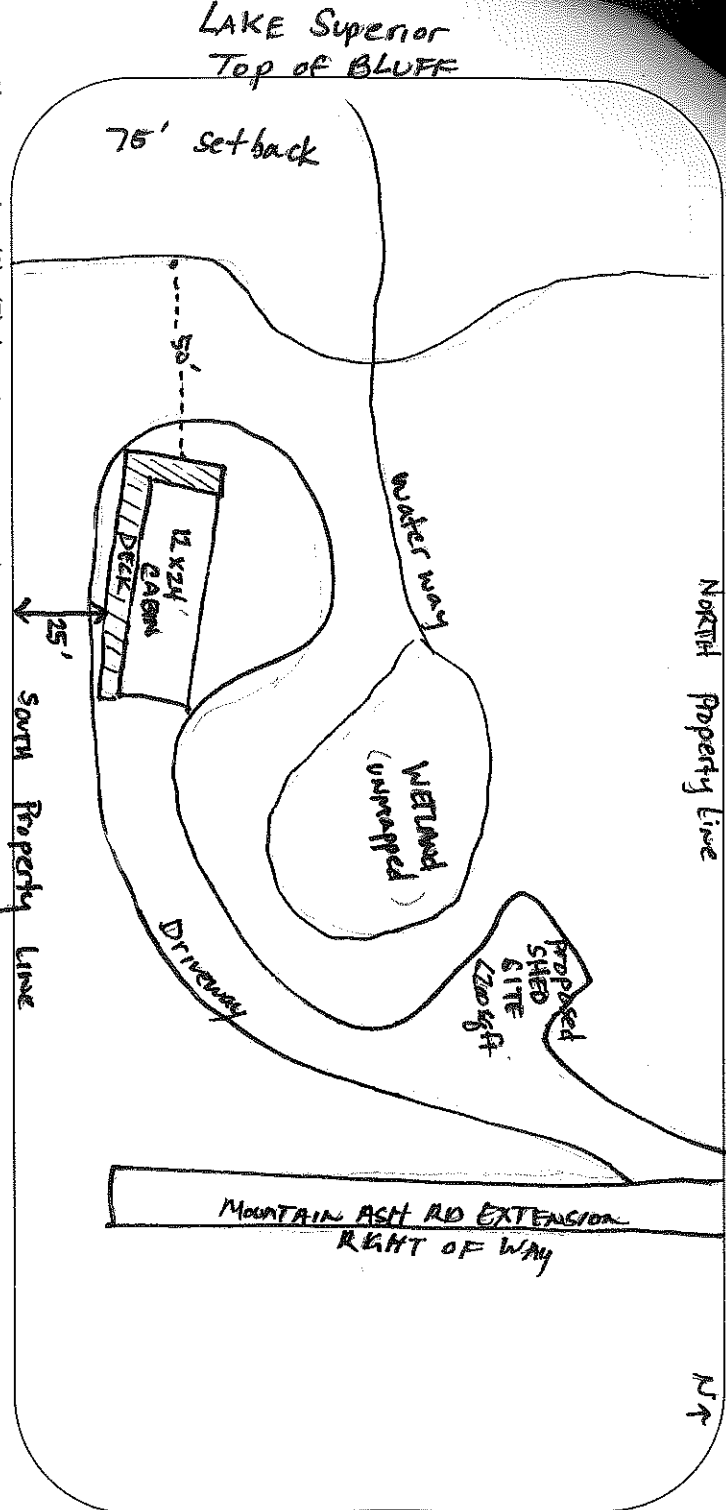
Address to send permit: W4407 Hofa Park Rd, Seymour, WI 54165

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Show location of:
Show/Indicate:
(*) Show Location of (*):
(*) Show:
(*) Show:
(*) Show any (*):
(*) Show any (*):
- Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	N. A. Feet	Setback from the Lake (ordinary high-water mark)	225 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	125 Feet
Setback from the North Lot Line	175 Feet	Setback from the Bank or Bluff	125 Feet
Setback from the South Lot Line	25 Feet	Setback from Wetland	200 Feet
Setback from the West Lot Line	125 Feet	Setback from 20% Slope Area	125 Feet
Setback from the East Lot Line	> 500 Feet	Elevation of Floodplain	N A Feet
Setback to Septic Tank or Holding Tank	N A Feet	Setback to Well	N A Feet
Setback to Drain Field	N A Feet		
Setback to Privy (Portable Composting)	Inside Bldg Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-012		Permit Date: 6-10-14		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)	Case #:
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District: 12-1		
Date of Inspection: 6-2-14		Date of Re-Inspection: 6-9-14		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached)		Lakes Classification: 1 - Superior		
Structures, including decks, shall be located at least 40 Ft from Right of Way of Mt. Ash Extension. No Plumbing fixtures or connections to pressurized water allowed.				
Signature of Inspector:		Date of Approval: 6-9-14		
Hold For Sanitary: <input type="checkbox"/>		Hold For TB9: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

MAY 19 2014

Permit #:

14-0118

Date:

6-11-14

Amount Paid:

375.00 5-19-14

Refund:

g

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	Owner's Name: <u>C.J. Peck</u>	Mailing Address: <u>4453 Aldrich Ave. S.</u>	City/State/Zip: <u>Mpls. MN 55409</u>	Telephone: <u>612-827-5259</u>
Address of Property: <u>87100 E. Romans Pt Rd</u>	City/State/Zip: <u>Cornucopia, WI 54827</u>	Contractor Phone: <u>715-742-3914</u>	Plumber: <u>WT 54827</u>	Plumber Phone: <u>373-2070</u>
Contractor: <u>Steve Denker</u>	Authorized Agent: (Person Signing Application on behalf of Owner) <u>Steve Denker 209-5606</u>	Agent Phone: <u>715-742-3914</u>	Agent Mailing Address (include City/State/Zip): <u>88420 Superior Ave. Cornucopia, WI 54827</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement)	PLN: (23 digits) <u>04 010-2-51-06-29-4 05-001-7000</u>	Recorded Document: (i.e. Property Ownership) <u>638</u>	Page(s) <u>27</u>
Section <u>29</u> , Township <u>51</u> N, Range <u>6</u> W	Town of: <u>Bed</u>	Lot Size <u>2.430</u>	Subdivision:	Acres <u>2.430</u>

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Distance Structure is from Shoreline: <u>144</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Value at Time of Completion * include donated time & material <u>\$ 125,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Conversion	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>H.T.</u>	<input type="checkbox"/>
		<input type="checkbox"/> No Basement			<input checked="" type="checkbox"/> Privy (Pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon)	
					<input type="checkbox"/> Portable (w/service contract)	
					<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>28</u>	Width: <u>14</u>	Height: <u>16'</u>
Proposed Construction:	Length: <u>28-32</u>	Width: <u>24</u>	Height: <u>20'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	()	()
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/> Municipal Use	with Loft	()	()
	with a Porch	()	()
	with (2nd) Porch	()	()
	with a Deck	()	()
	with (2nd) Deck	()	()
	with Attached Garage	()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify) <u>32x24, 12x24, 4'6" x 4'6" + 2'6" triangle</u>	()	()
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

Rec'd for Issuance
JUN 10 2014

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Star-Lark Date: 5-18-14
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: 88420 Superior Ave. Cornucopia, WI 54827 Attach
Address to send permit Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
North (N) on Plot Plan
(2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):

See attached drawing

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

PHOTOGRAPH

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (Ordinary high-water mark)	144 Feet
Setback from the Established Right-of-Way	462 Feet	Setback from the River, Stream, Creek	Feet
39 ft according to lot width + building size		Setback from the Bank or Bluff	106 Feet
Setback from the North Lot Line	10' 2" Feet		
Setback from the South Lot Line	111 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	462 Feet	Setback from 20% Slope Area	106 Feet
Setback from the East Lot Line	106 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	327 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 12-1255	# of bedrooms: 3	Sanitary Date: 10/12/12					
Permit Denied (Date):	Reason for Denial:							
Permit #: 14-018	Permit Date: 6-11-14							
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)	Case #:		Case #:					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Case #:					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	We're Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Inspection Record: on site by Doug Casin on 6-10-14			Was Property Surveyed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Date of Inspection: 5-28-14	Inspected by: J. Greenberg		Zoning District	()		Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)			Lakes Classification	()				
BUILDING, INCLUDING ATTACHMENTS, STAIRS, LANDINGS + OR BUILDING EXTENSIONS SHOULD BE LOCATED A MINIMUM OF 10 FT FROM THE NORTH PROPERTY LINE								
OWNER IS RESPONSIBLE FOR OBTAINING ALL NECESSARY UDC PERMITS								
IF APPLICABLE + SIGN CONTACT ROBERT LITTA TO 1001 E. 200 393 4452								
Signature of Inspector: [Signature]								
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>					

Field County, WI

89122 E ROMANS POINT RD
04010251002940500140000
103.45'

04010251002940500120000
139.39'

04010251002940500130000
89115 E ROMANS POINT RD
103.45'

0100000000002
238.31'

89140 E ROMANS POINT RD
212.33'

04010251002940500150000
89105 E ROMANS POINT RD
175.93'

04010251002940500160000
158.75'

56.00'

89100 E ROMANS POINT RD
164.65'

04010251002940500170000
Bell
152.57'

04010251002940500180000
89000 E ROMANS POINT RD
164.65'

04010251002940500190000
54.27'

675.7'

336.90'

163.25'

50 m

200 ft

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